



*Jew*  
DOCKET NO. 17619(AP)  
PATENT

THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of Achim H. Krauss  
Customer No.: 051957  
Serial No.: 10/663,014  
Conf. No.: 1736

Filed: September 15, 2003

Title: METHODS FOR THE  
TREATMENT OF GRAY HAIR USING  
CYCLOPENTANE(ENE) HEPTAN  
(EN)OIC ACID AMIDES

Group Art No.: 1615

Examiner: Channavajjala, Lakshmi  
Sarada

Commissioner for Patents  
Alexandria, VA 22313-1450

**TRANSMITTAL SHEET**

Sir:

Transmitted herewith is response in the above-identified application. Enclosed are:

- 1) Response (10 pages)
- 2) Transmittal Sheet
- 3) Request for Extension of Time
- 4) Return/Stamped Postcard
- 5) Form PTO-1449 and associated articles.

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Mail Stop Amendment - Non-Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

11/12/07  
(Date of Deposit)  
11/12/07  
Date of Signature

Name of person mailing correspondence

Signature

*Robert J. Baron*  
*RJ Baron*

The fee has been calculated as shown below:

CLAIMS AS FILED

FOR	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
Total Claims	17	20	= -0- x	\$50.00	\$0.00
Independent Claims	2	3	= -0- x	\$200.00	\$0.00
If application contains any multiple dependent claims, then add			= -0-	\$360.00	\$0.00
Terminal Disclaimer Fee:		-0-	x \$110.00	=	\$0.00
Request for Continued Examination (RCE)				\$790.0	\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00

- \* If the entry in Col. A is less than the entry in Col. B, write "0" in Col. C
- \*\* If the highest number previously paid for IN THIS SPACE is less than 20, write "20" in this space
- \*\*\* If the highest number previously paid for IN THIS SPACE is less than 3, write "3" in this space

- ( ) A check in the amount of \$\* is enclosed (place fee in here i.e., petition, excess claims, etc.)
- (x) The Commissioner is hereby authorized to charge fees under 37 CFR 1.16 and 1.17 (associated with petition fees or excess claim fees) and/or any Issue Fee which may be required, or credit any overpayment to Deposit Account No. 01-0885. A duplicate copy of this sheet is enclosed.

Respectfully Submitted,

Date: November 12, 2007

Signature: Robert J. Baran

Robert J. Baran  
Registration No. 25,806

Telephone (949) 851-1105  
Fax: (949) 752-1925



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Certificate of Mailing

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On Nov. 12, 2007  
(date)

Printed name of person signing this certificate Rubert J. Baran

Signature RJ Baran